

**STATE OF ALABAMA DEPARTMENT OF INSURANCE  
2004 ANNUAL BUSINESS ENTITY PRODUCER LICENSE  
RENEWAL FORM  
FEBRUARY 05, 2004**

TEST BUSINESS ENTITY  
155 NEW ADDRESS  
SOMEWHERE AL 55555

**AMOUNT DUE: \$50.00**

Return this form with the AMOUNT DUE as indicated for the 2004 annual renewal of your Business Entity Producer License.

**PAYMENT IS DUE BY MARCH 31, 2004.** Any renewal form and AMOUNT DUE not received by March 31, 2004, will be subject to a \$50.00 late fee.

The license of any Business Entity Producer not renewed by December 31, 2003 shall be deemed to expire at midnight on December 31, 2003.

I hereby request renewal of the license of the above named Business Entity.

\_\_\_\_\_  
*Signature of Authorized Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name of Authorized Representative (Please Print)*

**FEIN:** 99-9999999

**Name of Business Entity** TEST BUSINESS ENTITY

**License Type:** 10

**License Number:** A991367

Mail payment and a copy of this form to:

**Producer Licensing Division  
Department of Insurance  
P.O. Box 830922  
Birmingham, Alabama 35283-0922**

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## SECOND NOTICE

**TOTAL AMOUNT DUE: \$100.00**

**PAYMENT IS DUE BY December 31, 2004.** Your original form and payment were not returned by November 15, 2003. Therefore, a late fee of \$50.00 was added to the renewal fee of \$50.00, for A TOTAL AMOUNT DUE OF \$ 100.00.

I hereby request renewal of the license of the above named Business Entity.

Name of Authorized Representative (Please Print)

**License Number:** A991367

**Producer Licensing Division  
Department of Insurance  
P.O. Box 830922  
Birmingham, Alabama 35283-0922**

[illegible]

JANE DOE SMITH  
155 NEW STREET  
SOMEWHERE AL 51155

[illegible]

**STATE OF ALABAMA  
DEPARTMENT OF INSURANCE  
2004 APPOINTMENT CONTINUATION INVOICE  
SEPTEMBER 10, 2003**

**TOTAL AMOUNT DUE: \$220.00**

XYZ INSURANCE COMPANY  
ATTN: PRODUCER LICENSING  
123 NEW STREET  
SOMEWHERE USA 12345-6789

FEIN: 00-0000000  
LICENSE TYPE: 99  
NAIC NUMBER: 00000

This Invoice represents the appointment continuation fees for all Producers and Service Representatives appointed with the company referenced above whose appointments were not terminated by December 31, 2004. These appointments have been deemed continued effective January 1, 2004.

To view the Producers and Service Representatives deemed continued, go to our website [www.aldoi.gov](http://www.aldoi.gov). Click on 2004 Company Appointment Processing. Please read the instructions, type in the name of your company, and click the submit button. A list of matches will appear. Click on your company number. A list of your appointments will appear and a link is provided for you to print the list.

**PAYMENT OF THIS INVOICE IN FULL IS DUE UPON RECEIPT.**

Failure to pay this invoice in full prior to March 10, 2004 will result in the issuance of an order requiring the insurer to show good cause as to why the certificate of authority for the insurer should not be suspended for its failure to remit payment of the invoice for appointment continuation fees prior to March 10, 2004.

Mail payment and a copy of this invoice to:

**Producer Licensing Division  
Department of Insurance  
P.O. Box 830922  
Birmingham, Alabama 35283-0922**





**STATE OF ALABAMA DEPARTMENT OF INSURANCE  
2004 TITLE AGENT AUTHORITY CONTINUATION INVOICE  
SEPTEMBER 10, 2003**

**TOTAL AMOUNT DUE: \$100.00**

XYZ TITLE INSURANCE COMPANY  
ATTN: AGENT LICENSING  
123 NEW STREET  
SOMEWHERE USA 12345-6789

FEIN: 00-0000000  
LICENSE TYPE: 15  
NAIC NUMBER: 00000

This Invoice represents the continuation fee for all Title Insurance Agents currently authorized to represent the title insurance company referenced above. The certificates of authority have been deemed continued effective January 1, 2004.

To view a listing of title agent certificates of authority deemed continued, go to our website [www.aldoi.gov](http://www.aldoi.gov). Click on 2004 Company Appointment Processing. Please read the instructions, type in the name of your company, and click the submit button. A list of matches will appear. Click on your company number. A list of your agents will appear and a link is provided for you to print.

**PAYMENT OF THIS INVOICE IN FULL IS DUE UPON RECEIPT.**

Failure to pay this invoice in full prior to February 10, 2004 will result in the issuance of an order requiring the insurer to show good cause as to why the certificate of authority for the insurer should not be suspended for its failure to remit payment of the invoice for appointment continuation fees prior to February 10, 2004.

Mail payment and a copy of this invoice to:

**Producer Licensing Division  
Department of Insurance  
P.O. Box 830922  
Birmingham, Alabama 35283-0922**